

04/05/01

04-09-01

19

 <b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		<b>Attorney Docket Number</b> 00-721-US																																																																
		<b>First Inventor or Application Identifier</b> JONES et al.																																																																
		<b>Title</b> ADENOSINE CYCLIC KETALS: NOVEL ADENOSINE ANALOGUES FOR PHARMACOTHERAPY																																																																
		<b>Express Mail Label No.</b> EL657600992US																																																																
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.																																																																		
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; vertical-align: top; padding-right: 10px;">         1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)  <i>(Submit an original, and a duplicate for fee processing)</i> </td> <td style="width: 50px; vertical-align: top; padding-right: 10px;">         2. <input checked="" type="checkbox"/> Specification [Total Pages 35]  <i>(preferred arrangement set forth below)</i> </td> <td style="width: 50px; vertical-align: top; padding-right: 10px;">         3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 6]       </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">         a. <input type="checkbox"/> Newly executed (original or copy)       </td> <td colspan="2" style="padding-top: 10px;">         b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 16 completed)</i> </td> </tr> <tr> <td colspan="4" style="padding-top: 10px;">           i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed statement attached deleting inventor(s) named in the prior application, see §§ 37 CFR §1.63(d)(2) and 1.33(b)         </td> </tr> <tr> <td colspan="4" style="padding-top: 10px;">         c. <input type="checkbox"/> Unsigned       </td> </tr> <tr> <td colspan="4" style="padding-top: 10px;">         5. Application Data Sheet. See 37 CFR 1.76.       </td> </tr> <tr> <td colspan="4" style="padding-top: 10px;">         6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)       </td> </tr> <tr> <td colspan="4" style="padding-top: 10px;">         16. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:       </td> </tr> <tr> <td colspan="4" style="padding-top: 10px;"> <input type="checkbox"/> Continuation   <input type="checkbox"/> Divisional   <input type="checkbox"/> Continuation-in-part (CIP)   of prior application No. ____/          Prior application information: Examiner ____   Group/Art Unit: ____       </td> </tr> <tr> <td colspan="4" style="padding-top: 10px;"> <b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts       </td> </tr> <tr> <td colspan="4" style="text-align: center; padding-top: 10px;"> <b>17. CORRESPONDENCE ADDRESS</b> </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> <input type="checkbox"/> Customer Number or Bar Code Label  <small>(Insert Customer No. or Attach bar code label here)</small> </td> <td colspan="2" style="padding-top: 10px;">         or <input checked="" type="checkbox"/> Correspondence address below       </td> </tr> <tr> <td style="width: 15%; padding-top: 10px;"> <b>NAME</b> </td> <td colspan="3" style="padding-top: 10px;">         Frederick H. Colen       </td> </tr> <tr> <td style="width: 15%; padding-top: 10px;"> <b>ADDRESS</b> </td> <td colspan="3" style="padding-top: 10px;">         Reed Smith LLP          P.O. Box 488       </td> </tr> <tr> <td style="width: 15%; padding-top: 10px;"> <b>CITY</b> </td> <td style="width: 25%; padding-top: 10px;">         Pittsburgh       </td> <td style="width: 15%; padding-top: 10px;"> <b>STATE</b> </td> <td style="width: 25%; padding-top: 10px;">         PA       </td> <td style="width: 15%; padding-top: 10px;"> <b>ZIP CODE</b> </td> <td style="width: 25%; padding-top: 10px;">         15230-0488       </td> </tr> <tr> <td style="width: 15%; padding-top: 10px;"> <b>COUNTRY</b> </td> <td style="width: 25%; padding-top: 10px;">         US       </td> <td style="width: 15%; padding-top: 10px;"> <b>TELEPHONE</b> </td> <td colspan="2" style="width: 25%; padding-top: 10px;">         412-288-4164       </td> <td style="width: 15%; padding-top: 10px;"> <b>FAX</b> </td> <td style="width: 25%; padding-top: 10px;">         412-288-3300       </td> </tr> </table>			1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	2. <input checked="" type="checkbox"/> Specification [Total Pages 35] <i>(preferred arrangement set forth below)</i>	3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 6]	a. <input type="checkbox"/> Newly executed (original or copy)		b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i>		i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see §§ 37 CFR §1.63(d)(2) and 1.33(b)				c. <input type="checkbox"/> Unsigned				5. Application Data Sheet. See 37 CFR 1.76.				6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				16. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:				<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)   of prior application No. ____/ Prior application information: Examiner ____   Group/Art Unit: ____				<b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts				<b>17. CORRESPONDENCE ADDRESS</b>				<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		or <input checked="" type="checkbox"/> Correspondence address below		<b>NAME</b>	Frederick H. Colen			<b>ADDRESS</b>	Reed Smith LLP P.O. Box 488			<b>CITY</b>	Pittsburgh	<b>STATE</b>	PA	<b>ZIP CODE</b>	15230-0488	<b>COUNTRY</b>	US	<b>TELEPHONE</b>	412-288-4164		<b>FAX</b>	412-288-3300
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	2. <input checked="" type="checkbox"/> Specification [Total Pages 35] <i>(preferred arrangement set forth below)</i>	3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 6]																																																																
a. <input type="checkbox"/> Newly executed (original or copy)		b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i>																																																																
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see §§ 37 CFR §1.63(d)(2) and 1.33(b)																																																																		
c. <input type="checkbox"/> Unsigned																																																																		
5. Application Data Sheet. See 37 CFR 1.76.																																																																		
6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)																																																																		
16. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:																																																																		
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)   of prior application No. ____/ Prior application information: Examiner ____   Group/Art Unit: ____																																																																		
<b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts																																																																		
<b>17. CORRESPONDENCE ADDRESS</b>																																																																		
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		or <input checked="" type="checkbox"/> Correspondence address below																																																																
<b>NAME</b>	Frederick H. Colen																																																																	
<b>ADDRESS</b>	Reed Smith LLP P.O. Box 488																																																																	
<b>CITY</b>	Pittsburgh	<b>STATE</b>	PA	<b>ZIP CODE</b>	15230-0488																																																													
<b>COUNTRY</b>	US	<b>TELEPHONE</b>	412-288-4164		<b>FAX</b>	412-288-3300																																																												
<b>ADDRESS TO:</b>			<b>Commissioner for Patents Box Patent Application Washington, DC 20231</b>																																																															
<b>ACCOMPANYING APPLICATION PARTS</b>																																																																		
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))																																																																		
9. <input type="checkbox"/> 37 CFR § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>																																																																		
10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>																																																																		
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations																																																																		
12. <input type="checkbox"/> Preliminary Amendment																																																																		
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>																																																																		
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired																																																																		
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>																																																																		
16. <input type="checkbox"/> Request and Certification under 35 U.S.C 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent																																																																		
17. <input type="checkbox"/> Other:																																																																		

04/05/01

Name (Print/Type)	Frederick H. Colen	Registration No. (Attorney/Agent)	28,061
Signature		Date	April 6, 2001

J1033 U.S. PTO  
09/828276  
04/05/01

## Certificate of Mailing by "Express Mail"

EL657600992US  
"Express Mail" label number

April 6, 2001  
Date of Deposit

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and is addressed to the Box Patent Application, Commissioner for Patents, Washington, D.C. 20231.

Tracey Cochran

Signature of person mailing correspondence

Tracey A. Cochran  
Typed or printed name of person mailing correspondence

Note: Each paper must have its own certificate of mailing by "Express Mail".

SCANNED # 14